



FEDERAL OCCUPATIONAL HEALTH

NO SCREENING ASSUMPTION OF RISK FORM

I have been offered the opportunity to participate in a health screening process to assist in detecting conditions or diseases which would place me at increased risk for injury during exercise. I have also been informed that it is recommended that all persons starting an exercise program should see their physician for clearance. *I have chosen NOT to participate in any screening or medical clearance at this time and knowingly assume the risks of injury due to participation in the fitness and exercise program, including but not limited to fainting, irregular heart beats, heart attack and even death.* _____ I also

Initial
understand that without this information, the fitness center staff is unable to assist in developing a safe and appropriate exercise program for me. I understand that if I desire a personalized work out program in the future, I will be required to provide additional medical screening information.

I also recognize that there are many other risks of injury, including serious disabling injuries that may arise from my participation in this activity and that it is not possible to specifically list every one. I have had an opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction. I understand and expressly assume these risks as stated and voluntarily choose to participate in this activity.

I also understand that this "Assumption of Risk" form will remain valid only as long as I am an active member of the Wellness / Fitness Center. I will be considered inactive if I fail to use the facility less than twelve (12) times within any six month period. Should I become inactive, I understand that I will need to sign a new Assumption of Risk upon my return to the Fitness Center

Member Name (Printed) _____

Signature _____

Date _____

Member Number (last four digits of Social Security #) _____

FOR STAFF USE ONLY

	Checked	Initials
I. Exercise risks were orally discussed.	_____	_____
II. Questions were asked, and the participant indicated complete understanding of the risks.	_____	_____
III. Questions were not asked, but an opportunity to ask questions was provided and the participant indicated complete understanding of the risks.	_____	_____

FOH Staff Name (printed) _____

Signature _____

Date _____